

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**510 EAST 12TH, SUITE 1A****DES MOINES, IA 50319****Fax: (515)281-4073****www.iowa.gov/ethics**

Reset Form

FORM-GBGift or Bequest information received
by a department or accepted by the
Governor on behalf of the state**For office use only**

Indexed _____

Audited _____

Checked _____

Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**DHS Glenwood Resource Center**Name of Department or Office
711 South Vine Street

Glenwood, IA 51534

Mailing Address
712-525-1683

City, State, Zip Code

Area Code & Telephone No.

2011 JAN 28 PM 1:30

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Kevin D. Stamm Missouri River Basdin Water Mngmt Division

Name

1616 Capital Ave, Ste 365

Omaha, NE 68102

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/30/2010

\$ 1,980.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

2 Pool tables w/accessories for Client use valued at \$1,310.00; individual gift bag per Client w/ combined value of \$670.00

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ruth Messinger affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

01/24/2011

Date

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 DES MOINES, IA 50319
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DHS Glenwood Resource Center	
Name of Department or Office 711 South Vine Street	Glenwood, IA 51534
Mailing Address 712-525-1683	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name _____	
Mailing Address (if different from above) _____	City, State, Zip (if different from above) _____
Email Address _____	Area Code & Telephone Number (if different from above) _____

DONOR OF GIFT OR BEQUEST:

American Legion Auxiliary	
Name _____	
% Cathy Brown	Bridgewater, IA 50837
Mailing Address 105 NW 4th Street	City, State, Zip Code
Area Code & Telephone Number _____	
Email Address (optional) _____	

1/26/2011 \$25.00

Date of Gift or Bequest Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

100 handmade valentines for Client use.

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02/01/2011

Signature

Date

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Glenwood, IA 51534

Mailing Address

City, State, Zip Code

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CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name _____

Mailing Address (if different from above) _____

City, State, Zip (if different from above) _____

Email Address _____

Area Code & Telephone Number (if different from above) _____

DONOR OF GIFT OR BEQUEST:

Hope Lutheran Church Women

Name _____

Mt. Pleasant

IA

Mailing Address _____

City, State, Zip Code

Area Code & Telephone Number _____

Email Address (optional) _____

1/26/2011

\$ 50.00

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Canteen card for Client M. Crile

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Signature _____

02/01/2011

Date _____